



Form CPF 18A: Report of Independent Expenditure Promoting Election or Defeat of Candidate(s)

Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place Boston, MA 02108 617) 727-8352.			* *	*		
1 December 1	November 6, 2006					
1. Date of Report:	(Must be filed within 7 business days of expenditure(s) in excess of \$100.00 in aggregate)					
2. Expenditure(s) Made By	Massachusetts Nurses Association (Name of individual or group making expenditure)					
	340 Tu	ırnpike St	Canton City/Town	02021 Zip		
3. Name of Candidate(s) F	or Whom the Abo	ove Expenditure(s) Election	on or Defeat Promoted: State Rep			
4. Expenditure(s):						
Data Dail	Whom Poid	Address	Purpose	Amount		

Date Paid	To Whom Paid	' Address	Purpose	Amount
11/1/06	Saltus Press	24 Jolma Rd. Worc. 01604	Mailing	1.171,4
11/3/06	Saltus Press	24 Jolma Rd.	Mailing	127.1
		Worc. 01604		+

I hereby certify the expenditures noted are independent expenditures, as defined by M.G.L. c.55, section 18A:

(1) the individual(s) or group who made the expenditure(s) described herein did not solicit or receive any contributions in contemplation of such expenditure(s); and

(2) the individual(s) or group who made the expenditure(s) described herein did not cooperate, consult or act in concert with or at the request or suggestion of any candidate, or political committee organized on behalf of any candidate, or any agent of a candidate or any political committee in making such expenditure(s).

I further certify that all statements made herein are true and accurate.

Signed under the penalties of perjury:

Date

Katrina Anderson

Director, Legislation and Government Affairs

Print Name of Individual Signer and Title (if signing on behalf of a group)